



# Referral Form

4015 Lake Otis Parkway, Suite 201 Anchorage, AK 99508 • Phone 907-771-3500 • Fax 907-771-3550 • [www.akhanddoc.com](http://www.akhanddoc.com)

**Providers:**

Michael G. McNamara, MD  
Kevin C. Paisley, DO  
Robert R. Thomas, PA-C  
Bethany A. Myers, PA-C

**Specialties:**

Hand                      Shoulder  
Wrist                     Knee  
Forearm                 Sports Medicine  
Elbow                     Fracture Care

Referring Provider/Clinic: Please complete the following information and fax this form (along with any patient records) to our office. To confirm receipt, please call our office. Once the referral has been received and processed, AkHES staff will contact your patient directly to schedule an appointment. Thank you!

## Fax to: (907) 771-3550

**Patient Referred To:**

- Michael G. McNamara, MD  
 PA for work-up
- Kevin C. Paisley, DO
- No preference – next available

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Appointment Time Frame:  URGENT – Timeframe \_\_\_\_\_  Non Urgent

**Full Patient Name:** \_\_\_\_\_ **Patient DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Patient Phone Number:** \_\_\_\_\_ **Guardian (if applicable):** \_\_\_\_\_

**Patient Insurance:** \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

**Which extremity?**  Right  Left  Both \_\_\_\_\_

**Patient Records Attached?**  YES  NO      **Studies done?**  X-rays  MRI  
 NCV  Other: \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Referring Provider/Clinic Phone Number:** \_\_\_\_\_

**Dr. McNamara** completed a fellowship in Hand Surgery and specializes in hand, elbow, and shoulder surgery. He has over two decades of experience caring for Alaskans.

**Dr. Paisley** completed a fellowship in Shoulder and Elbow Surgery and has additional expertise in fracture care, sports medicine, and the treatment of knee disorders.

For complete provider bios, please refer to [www.akhanddoc.com](http://www.akhanddoc.com)